

Application Form – Gallery Insurance

Duty of Disclosure

Under the Insurance Contracts Act 1984 (the Act), you have a duty of disclosure. You are required before you enter into, renew, vary extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

You don't need to tell us about any matter:

- that reduces the risk,
- is of common knowledge,
- that we already know, or ought to know in the ordinary course of our business as an insurer, or
- we indicate we do not want to know.

If you do not tell us

If you do not comply with your Duty of Disclosure we may:

- reduce or refuse to pay a claim, or
- cancel your Policy.

If your non-disclosure is fraudulent, we may also have the option of avoiding the Policy from its beginning.

Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Under Insurance/Average

The Fire and Specified Perils, Business Interruption and Electronic Equipment Sections of this Policy are subject to an Under Insurance/Average clause. The effect of this clause is that if, at the time of loss or damage the Sum Insured is less than the full value of the property or income insured, then You could be called upon to bear a proportionate amount of the loss accordingly. To avoid the possibility of having to bear a portion of any claim You should ensure that You are fully covered at all times.

Financial Services Guide

I confirm that I have read the Financial Services Guide and understand that Consult Insurance Solutions Pty Ltd, trading as Self Super Insurance, has not taken into account your individual objectives, financial situations or needs.

Privacy

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. You can obtain a copy of our Privacy policy from our website.

Declaration

I, the undersigned, after enquiry, declare and confirm as follows:

1. I am authorised by each of the persons or entities included in this insurance application (including all partners/principals/directors, if applicable), on their behalf, to make this application; make these declarations; and accept the terms for this contract of insurance;
2. I have made all necessary enquiries into the accuracy of the responses given in this insurance application and confirm that the statements and particulars given are true and complete and that no material facts have been omitted, misstated or suppressed.
3. I understand that I have a continuing obligation to immediately advise of any material changes to the particulars or statements contained in this insurance application.
4. I acknowledge that the particulars and statements contained in this insurance application shall be the basis of, and will be incorporated into, the contract of insurance.

By signing this declaration below you agree to the above

1. Applicant

Name of Company

Contact person Name

Primary Address

Number of years in business

Number of years at Primary location

Telephone – Work

Telephone – Mobile

Email Address

Do you wish to cover any other locations? If yes, then list below *(If multiple locations, complete details below for every location)*

2. Contents

Separate to the stock, do you also wish to cover your own Contents, and if so how much, your:

Furniture, Fixtures & Fittings, Other (specify)

3. Public Liability Section

Cover for legal liability for personal injury to another person (other than employees) or damage to property not belonging to the business (other than stock).

Legal Liability cover Required (✓ please tick one box) \$5m \$10m \$20m or Other?

On average, how many people visit your gallery: Per Week

Per Year

Do you have events (exhibitions, functions etc):

Type of event	How many per Year	On average, how many people attend per event	Do you serve alcohol /food at the event?	Do you prepare the food/alcohol or is it catered?

4. Additional Questions

Have You, Your partners, any other office-holders; or if a corporation any of its directors proposed to be insured under this Policy, either alone or jointly:

1. had any insurance declined, cancelled or refused renewal, had any special conditions/warranty imposed, or declined or refused a claim in the last 5 years?

Yes No (✓please tick) If yes, please provide full details in separate attachment.

2. suffered any loss, destruction or damage and/or made a claim on any insurer for any event whether insured or otherwise or had any claims made against You in the last 5 years?

Yes No (✓please tick) If yes, please provide full details in separate attachment.

3. been charged with or convicted of any criminal offences in the past 10 years (other than minor traffic convictions)?

Yes No (✓please tick) If yes, please provide full details in separate attachment.

4. been declared bankrupt or ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation, receivership or voluntary administration) in the last 5 years?

Yes No (✓please tick) If yes, please provide full details in separate attachment.

Do you currently have insurance in place? If so:

1. Who is the current Carrier (Insurer)
2. What is the current expiry date?
3. What is the current cost (inclusive of all charges)

5. Declaration

"I/We have read the duty of disclosure included in this Application Form. I/we confirm that the answers and statements in this application are correct and that no information has been withheld which may affect the decision to accept this application or the terms and conditions.

I/We acknowledge that the personal information collected from me/us is collected in accordance with the Privacy Policy available on the Self Super Insurance website.

Signature

Date

This declaration MUST be signed by or on behalf of all parties who are making this application for insurance.

Please return completed form to Art@selfsuperinsurance.com.au or mail to attention of Self Super Insurance at **PO Box 385, Ivanhoe, Vic 3079**